

TENT PERMIT APPLICATION

In accordance with Chapter 24, Article VI and Chapter 5, Article I
of the City Code

All information requested in this application must be answered completely.

Application No. _____	
Date _____	
Approvals:	
Code _____	Date _____
Zoning _____	Date _____
Total Fee _____	
Application Fee _____	
Amount Due _____	

1. SUBJECT PROPERTY

Street Address _____

2. APPLICANT

Name _____ Title _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephones: Work _____ Home _____

3. CONTRACTOR

Name _____ Maryland License No. _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone _____

4. PROPERTY OWNER

Name _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephones: Work _____ Daytime _____

5. BUSINESS OWNER/OCCUPANT

Business Name _____

Business Owner's Name _____

Business Owner's Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephones: Work _____ Daytime _____

6. WORK DESCRIPTION

General location and dates of tent use

7. PROJECT DETAIL INFORMATION

_____	Number of tent(s)
_____	Total square footage of tent(s)
_____	Number of days to be used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Heated tent(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Food prepared in tent(s)

I hereby certify that I have read and examined this application and that all statements are true and correct; furthermore, I certify that I am the Owner or Lessee of the property, or Agent or either, or the licensed Engineer, Architect, or Contractor employed in connection with this proposed work, and that the proposed work is authorized by the Owner in fee, and I am authorized to make such application.

Applicant's Name (*please print*) _____

Applicant's Signature _____ Date _____

Daytime Telephone _____

SPECIAL CONDITIONS
